



CLIENT INFORMATION FORM

YOUR PERSONAL INFORMATION:

Full Name: _____ Original Surname: _____

Home Phone:() _____ Business Phone:() _____

Home Fax: _____ Business Fax: _____

E-Mail Address _____ Cell Phone: _____

Home Address: _____

Street City State Zip

() Own () Rent () Lease How long at above address? _____

How long in Williamson County? _____ How long in Texas? _____

At what address do you want to receive mail from this office?

Street City State Zip

Date of Birth: _____ Age: _____ Social Security No.: _____

Birthplace: (state or foreign country) _____

Driver's License No.: _____ State of Issuance: _____

Military Service: _____ Retired Military: Yes _____ No _____

PARENTS OR NEXT OF KIN:

Name: _____ Relationship: _____

Address: _____ Telephone:() _____

City: _____ State: _____ Zip: _____

EDUCATIONAL BACKGROUND:

High School: Graduated:_____Number of Years Completed:_____

College: Graduate:_____Number of Years Completed:_____

Other:_____Professional Degree or Certification:_____

PREVIOUS MARRIAGES:

Name of Former Spouse:_____

Marriage Terminated By: Death_____ Divorce_____ In What Year:_____

Children of That Marriage: Number_____ Ages:_____

Now Living With:_____Support Received/Paid: \$_____

NAME CHANGE WHEN DIVORCE IF FINAL:

PERSONAL INFORMATION ON SPOUSE OR EX-SPOUSE

Yes_____ No_____ Full Name Desired:_____

Full Name:_____Original Surname:_____

Home Phone: (____)_____Business Phone: (____)_____

Home Address:_____

Street City County State Zip

Mailing Address if different than above:_____

Date of Birth:_____Age:_____Social Security No.:_____

Driver's License No._____State of Issuance:_____

How long in Williamson County?_____How long in Texas:_____

Birthplace: (state or foreign county):_____

Military Service?_____Retired Military? Yes_____No_____

SPOUSE'S EDUCATIONAL BACKGROUND:

High School: Graduated_____Number of Years Completed:_____

College: Graduated_____Number of Years Completed:_____

Other:_____

Professional Degree or Certification: _____

SPOUSE'S PREVIOUS MARRIAGE:

Name of Former Spouse: _____

Marriage Terminated By: Death _____ Divorce _____ In What Year: _____

Children of That Marriage: Number _____ Ages: _____

Now Living With: _____ Support Received/Paid: \$ _____

Does your spouse or ex-spouse have a Will: Yes _____ No _____

If so, where is the original located: _____

MARRIAGE:

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____ Who has the Marriage License: _____

Date you began living together if different from above: _____

Age of parties at marriage: Wife _____ Husband _____

CHILDREN:

Full Name	Sex	Date of Birth	Place of Birth	Social Security

Children's present residence address: _____

Is custody of above children settled? Yes _____ No _____

If no, explain: _____

Name of any child with physical or mental handicap: _____

Nature of handicap: _____

Special treatment/care required: _____

Do you, your spouse, or nay of your children have any afflictions such as epilepsy, diabetes, hypoglycemia, etc.? If yes, give details: _____

Have you or your spouse been involved in a previous court action of any kind? _____

WITH REGARD TO YOURSELF:

Known Outstanding Warrants: _____ For What: _____

Past Arrests: _____ For What: _____

Convictions: _____ What Charge: _____

Probation: _____ Parole: _____

Parole Officer's Name: _____

History of Violence: _____ Weapons Owned: _____

Do you have an alcohol and/or drug problem? Yes _____ No _____

If yes, describe: _____

Do you have or have you ever had any serious mental health problems? If yes, describe in detail, including treatment: _____

WITH REGARD TO YOUR SPOUSE OR EX-SPOUSE:

Known Outstanding Warrants: _____ For What: _____

Past Arrests: _____ For What: _____

Convictions: _____ What Charge: _____

Probation: _____ Parole: _____

Parole Officer's Name: _____

History of Violence: _____ Weapons Owned: _____

Does your spouse have an alcohol and/or drug problem? Yes _____ No _____

If yes, describe: _____

Does your spouse have or ever had any serious mental health problems? If yes, describe in detail, including treatment: _____

AUTOMOBILES:

Your Auto: _____

Year Make Model Vehicle I.D. Number

Spouse's Auto: _____

Year Make Model Vehicle I.D. Number

EARNINGS OF THE PARTIES:

Are you working? Yes _____ No _____ Type of Work _____

Exact Name of Employer: _____

Employer's Address: _____

Street P.O. Box City State Zip

Length of Employment: _____ Paid How Often? _____

Gross Monthly Salary: \$ _____ Net Monthly Salary: \$ _____

Commissions (Rate) _____

Monthly Payroll Deductions:

Income Tax Withholding	\$ _____
FICA (Social Security)	\$ _____
Retirement	\$ _____
Life Insurance	\$ _____
Credit Union (Savings)	\$ _____
Medical Insurance	\$ _____
Medicare	\$ _____
Other:	\$ _____
TOTAL DEDUCTIONS:	\$ _____

SPOUSE'S EMPLOYMENT:

Is your SPOUSE working? Yes _____ No _____ Type of Work _____

Exact Name of Employer: _____

Employer's Address: _____
Street P.O. Box City State Zip

Length of Employment: _____ Paid How Often? _____

Gross Monthly Salary: \$ _____ Net Monthly Salary: \$ _____

Commissions (Rate) _____

Does your spouse carry medical insurance? Yes _____ No _____

Monthly Payroll Deductions:

Income Tax Withholding	\$ _____
FICA (Social Security)	\$ _____
Retirement	\$ _____
Life Insurance	\$ _____
Credit Union (Savings)	\$ _____
Medical Insurance	\$ _____
Medicare	\$ _____
Other:	\$ _____
TOTAL DEDUCTIONS:	\$ _____

OTHER INCOME: (Includes notes, accounts receivable)

Source Received	Amount	Recipient	When

RESIDENCE OUTSIDE OF TEXAS:

If you have lived outside the State of Texas during marriage, indicate:

Where you resided:

Dates of Residence

What are your most important priorities in connection with a divorce? _____

Today's Date: _____

Referred By: _____

Purpose of Office Visit: _____

